## PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2004

Application or Docket Number

10/511814

| CLAIMS AS FILED - PART I   |  |                                       |   |                              |            |                  |            |                      |                        |           |                     |                        |
|--|--|---------------------------------------|---|------------------------------|------------|------------------|------------|----------------------|------------------------|-----------|---------------------|------------------------|
| (Column 1) (Column 2)  |  |                                       |   |                              |            |                  |            | SMALL                | ENTITY                 |           | OTHER               | NAHT F                 |
| IF   | TOTAL CLAIM                                    | S                                     |   |                              |            |                  | TYPE       |                      |                        | _ OF.     | SMALL               | ENTITY                 |
| ╟,   |  | 1                                     | amended                                 |                              | /_         |                  | RATE       | FEE                  | ] '                    | RATE      | FEE                 |                        |
| ╟  | OR   | NUMBER                                | NUMBER FILED N                          |                              | SER EXTRA  |                  | BASIC FE   | E 375                | OR                     | BASIC FEE |                     |                        |
|  | OTAL CHARGI                                    | EABLE CLAIMS                          | minus 20=                               |                              |            |                  |            | XS 9=                |                        | OR        | X\$18=              |                        |
| II   | DEPENDENT                                      |                                       |   | minus 3 =                    |            |                  |            | X44=                 | <del>-</del>           | 1         | \                   |                        |
| _  | NULTIPLE DEP                                   | ENDENT CLAIM                          | PRESENT                                 | RESENT                       |            |                  |            |                      | <del> </del>           | OR        | =88X                | ļ                      |
| •  | If the difference                              | e in column 1 i                       | s less than 7                           | less than zero, enter "0" in |            |                  | , [        | x (596 =             | <u> </u>               | OR        | X300=               |                        |
|  |  |                                       |   |                              |            |                  |            | TOTAL                | 375                    | OR        | TOTAL               |                        |
| CLAIMS AS AMENDED - PART II  |  |                                       |   |                              |            |                  |            |                      |                        |           | OTHER               | THAN                   |
| F  | 1  | (Column 1) CLAIMS                     | 1                                       | (Column<br>HIGHEST           |            | (Column 3)       |            | SMALL                | ENTITY                 | OR        | SMALL ENTITY        |                        |
| AMENDMENT A  | -  | REMAINING<br>AFTER<br>AMENDMENT       |   | NUMBI<br>PREVIOL<br>PAID F   | ER<br>JSLY | PRESENT<br>EXTRA |            | RATE                 | ADDI-<br>TIONAL<br>FEE |           | RATE                | ADDI-<br>TIONAL<br>FEE |
| Š  | Total  | .31                                   | Minus                                   | - 20                         |            | =                |            | XS 9=                | 99                     | OR        | XS18=               | <u> </u>               |
| AME  | Independent                                    | 1.21                                  | Minus                                   | 3                            |            | = 18             |            | 44                   |                        |           | 33                  |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                       |   |                              |            |                  | <b> </b>   | <u>`</u>             | 792                    | OR        | 33                  |                        |
|  |  |                                       |   |                              |            |                  |            | 150                  |                        | OR        | 300                 |                        |
|  |  |                                       |   |                              |            |                  |            | ) TOTAL<br>DDIT. FEE | 891                    | OR        | TOTAL<br>ADDIT. FEE |                        |
| _  | <del></del>                                    | (Column 1)                            |   | (Column                      | n 2)       | (Column 3)       |            |                      |                        |           | NOOH. PEEL          | <u> </u>               |
| B  |  | CLAIMS<br>REMAINING                   |   | HIGHES                       | ST         |                  | lг         |                      | ADDI-                  | ſ         |                     | ADD!                   |
| NT   |  | AFTER                                 | PREVIOUSL                               |                              | -          | PRESENT<br>EXTRA |            | RATE                 | TIONAL                 |           | RATE                | ADDI-<br>TIONAL        |
| ME   | Total  | AMENDMENT                             |   | PAID FOR                     |            |                  | -          |                      | FEE                    |           |                     | FEE                    |
| AMENDMENT  |  | *                                     | Minus                                   | **                           |            | =                |            | XS 9=                |                        | OR        | X\$18=              |                        |
| ΜK   | Incependent                                    | •   •   •   •   •   •   •   •   •   • | Minus                                   | ***                          |            | =                |            |                      |                        |           |                     |                        |
|  | FIRST PRESE                                    | NTATION OF M                          | JLTIPLE DEP                             | ENDENT C                     | LAIM       |                  | <b> </b> - |                      |                        | OR        |                     |                        |
|  |  |                                       |   |                              |            |                  |            |                      |                        | OR        | :                   |                        |
|  |  |                                       |   |                              |            | •                | . <u>.</u> | TOTAL<br>DIT. FEE    |                        | OR ,      | TOTAL               |                        |
|  |  | , AL                                  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                              | . А        | DOM. FEEL        |            |                      |                        |           |                     |                        |
| ا ن  |  | CLAIMS<br>REMAINING                   |   | (Column<br>HIGHES            | T          | (Column 3).      |            | r                    |                        | -         |                     |                        |
| ż  |  | AFTER                                 |   | NUMBEI<br>PREVIOUS           |            | PRESENT<br>EXTRA | 1.         | RATE                 | ADDI-<br>TIONAL        |           | 5475                | ADDI-                  |
| M<br>M<br>M  | _  | AMENDMENT                             |   | PAID FOR                     |            |                  |            | I I                  | FEE                    |           | RATE                | TIONAL<br>FEE          |
| AMENUMENT  | Total  | •                                     | Minus                                   | **                           |            | =                |            | X\$ 9=               |                        | \n_ -     | X\$18=              |                        |
| A A  | Independent                                    | •                                     | Minus                                   | ***                          |            | = .              | -          |                      |                        | OR        |                     |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                       |   |                              |            |                  | _          | <del></del>  .       |                        | OR L      |                     |                        |
| • Hithe acres  |  |                                       |   |                              |            |                  |            |                      |                        | OR        |                     |                        |
| "If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT FEE                              |  |                                       |   |                              |            |                  |            |                      |                        | L         | TOTAL               |                        |
| The "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate both |  |                                       |   |                              |            |                  |            |                      |                        | OR A      | TOTAL DOT. FEE      |                        |
|  |  | oci Freviously Pak                    | For (Total or I                         | ndependeni)                  | is the h   | ighest number    | bauot      | in the appr          | opriate box            | n colui   | ന 1.                |                        |
|  | PTO-ATS 10                                     |                                       |   |                              |            |                  |            |                      |                        |           |                     | - 1                    |